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# THE MEDICAL MISSIONARY

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# An Anniversary

One hundred years ago Lourdes was an obscure village at the foot of the barren Pyrenees Mountain slopes, and few beyond the simple peasant folk of the district knew of its existence, until a Heavenly Visitor made it world famous. A beautiful Lady, clad in white with a sky-blue cincture, appeared one day to a poor little shepherdess, and after repeated apparitions, disclosed her identity by proclaiming: "I am the Immaculate Conception!"

Since that time "our tainted nature's solitary boast" has manifested herself in this hallowed spot as the compassionate Mother of those who journey there to pour out their troubles, whether of heart or mind or body. Every now and then she makes the lame to walk, the blind to see, the obstinate sore to heal in an instant; more, she bestows those graces which cannot be seen—conversion and consolation and strength. Like her Divine Son, Who went about doing good when among men, she has compassion on the multitude.

**Our Lady of Lourdes at the Medical Mission House**

As only the favored few can go to Lourdes, Catholic piety has erected replicas of Lourdes' grottos in numberless places. The brightness of the Immaculate Conception, however, has not yet penetrated the darkness of paganism, and one cannot doubt that the compassionate Mother of Mankind is longing to alleviate suffering and misery there also. Can it, then, be considered as mere coincidence that our Holy Father's plea for religious congregations, old and new, to undertake the alleviation of the sufferings of the sick in the missions, especially among mothers and children, should be issued on the Feast of Our Lady of Lourdes?

February 11, 1936, will ever be a memorable day in the annals of Catholic charity. It marks the dawn of a new era, giving Catholic women a new opportunity of rendering glory to God, of sanctifying themselves, and of serving the Church and suffering humanity by making the healing sciences the allies of their charity and devotion. In part the Instruction says:

"Several missionary Ordinaries have brought to the attention of the Holy See the necessity of making more appropriate provision for the health of mothers and infants. In some regions of Africa, tribes are decreasing day by day, and they are destined to disappear if provision is not made for a better assistance for mothers and infants. It is well known that in other lands, infant mortality is appalling, owing to the want of hygiene. . . .

"This Sacred Congregation has studied the question at length, and, after obtaining certain necessary faculties from the Holy Father, acting in accord with the Sacred Congregation for Religious, believes it opportune to issue the following rules and instructions:

"This Sacred Congregation would like to see new religious institutes for women founded who will dedicate themselves principally to health work, making due provision for the necessary safeguards. . . .

"This Sacred Congregation will likewise be pleased to see the already existing religious congregations of women start special branches for the work mentioned above. . . .

"These new duties demand a proper spiritual and technical preparation. The Sisters should obtain certificates as doctors or nurses. . . .

Already this Instruction has borne fruit. Our Society, which was the forerunner of the Decree by eleven years, has received a vigorous impetus. The Medical Mission Apostolate has started to be a movement. Every year more young women prepare themselves spiritually and professionally to be medical missionaries. Every year more sisters take up the study of medicine, and sister-nurses equip themselves with the diploma of obstetrics. The field is new, it is vast, it is glorious, *it is Catholic!*

—Anna Dengel.

# Native Sister Nurses—A Step Forward

"Nomaskar, Shishter, nomaskar!" exclaimed two little native Sisters, standing on the porch of their convent in Toomiliah, Bengal, India. They were neatly clad in spotless white habits trimmed with blue, making a striking contrast with their glowing dark eyes, beautiful teeth, and happy, intelligent faces.

"I am anxious to have some of them trained as nurses, so that we can open a hospital here," said their Foundress, Sister Rose Bernard, of the Holy Cross Sisters, South Bend, Ind.

"Ye—s. That would be splen—— Sister!" It came with the suddenness of an inspiration. "Why could we not train them in our hospital in Rawalpindi? We are a registered training school; we have all the facilities, and I still remember some Bengali." Such was the reply of Sister M. Laetitia. Immediately all was hustle and bustle, for she was returning to the north, a four days' journey, within the next few days. And that is how the native Sisters came to Rawalpindi—a new land to them.

Were they homesick? Perhaps, but in spite of a strange people, a foreign language, and unaccustomed food, they literally rolled up their sleeves and attacked the task before them.

The time came for the first examinations. They passed with good marks, so now they must be rewarded! What would be a treat for them? Ah—snow! They had never seen snow in tropical Bengal, but here in the north, only a few miles away and several thousand feet up, were the Himalayan Mountains.

So the Medical Mission Sisters hired a lorry, and they all went out to investigate the snow. They were like children on a holiday. They could not understand "snow" at all, but looked at it and gingerly touched it. Then growing bolder, they picked up a little and found nothing happened. They rubbed it on their noses, ate some, thrust some down one another's necks, jumped into the drifts up to their waists, and, much to their surprise, got thoroughly wet. As a climax, they met the Medical Mission Sisters in a good, old-fashioned snow fight. Their only disappointment was that the snow was not actually falling. Might they return another day?

"Well——if you are good!"

Back they went to work. One lost her appendix, another a tooth, while a third unfortunately had to return to Bengal on account of illness—otherwise the experiment was working out 99.9 per cent perfect. Then dawned the dreaded day of final examinations! From Simla, India's summer capital, came the practical examiner. Fear and terror were on the faces of the little Bengalis, but an hour or two later sunbeams were mixed with tremendous surprise: "Why, we only had to do what we do every day!" Such is nursing!

**Sister M. Regina (left) and Sister M. Dolores, the first native sisters to be graduated from Holy Family Hospital (above)**

Next came the written examinations, and a long, long month of awaiting the mailman. At last news came: They had passed, and *with honors*. In fact, one received the highest marks of the hundreds taking the examinations and was the delighted recipient of the medal awarded annually by the North of India Board of Examiners.

"What would you like to do to celebrate?"

"Sister, we have been here three years and have not yet seen the snow falling. Take us to the mountains?"

These little nuns have been very carefully trained, so that they will be able to return to Bengal and not only nurse patients, but run hospitals themselves and also train others. They will remain in Rawalpindi for another year to study and pass their midwifery, which is a separate course. Then they will be ready for work under the supervision of the Holy Cross Sisters, and who knows how much they will accomplish for God and man? Perhaps like a stone thrown in the water, the ever-widening ripples may extend farther than eye can see!

# Conquering Pain

*By*
SISTER M. ISABEL, S.C.M.M.

The practice of anesthesia goes back to the very beginnings of surgery and medicine, although its scientific discovery is less than a hundred years old. Ever since the gates of Eden were closed to man, pain, whether physical or mental, has been his inseparable companion, and he has constantly endeavored to rid himself of it. Sacred, profane, and mythological literature tell of divers methods and agents which have been employed to relieve grief and pain by dulling consciousness. The early Greek physicians used hypnotism, as we read in the Greek anthology: "Touching them with his hands, he (the physician) quickly makes them whole."

During the classic era of Grecian literature, Homer, in his Odyssey, caused Helen of Troy to put some drug into the wine to "lull all pain and anger, and bring forgetfulness of every sorrow." We do not definitely know what constituted Helen's drink; some believe it to have been opium; others maintain that it was mandragora, a plant whose twisted roots sometimes resembled a human form.

Both the East and West were familiar with mandragora, and knew its properties to alleviate pain or, if taken in larger doses, to rob one of consciousness. They even knew the symptoms caused by an overdose and the treatment for it. Aetus says: "Those who drink an infusion of the root fall into a deep and long continued sleep or stupor, danger being present when the patient constantly keeps drawing in the air through his mouth, gasping for breath, and if help is not soon afforded, he dies convulsed."

Hypnotism was much used in India, Egypt, and Persia. It was often produced by stroking the patient, and was associated with charms and incantations. A Chinese manuscript called *Koukin-i-ting* contains the following passage: "Hou-tho gave to the patient a preparation of *ma-yo* (cannabis indica), and after a few seconds he became as insensible as if he had been drunk or deprived of life." The paper further remarks that the "patient found himself recovered without having felt the slightest pain during the operation."

The preparation of these drugs was a most intricate and, as the following shows, often a most unscientific matter. The famous "sleeping apple" of Dioscorides was made with "opium, mandragora, juice of water hemlock, and seeds of hyoscyamus, and to these musk is added to impart an agreeable odor. The whole is collected in a large mass, as large as one can hold in his fist. When the vapor is drawn in by the breath and attacks the citadel of the senses, the patient will be sunk in the deepest sleep, not to be shaken off without much labor. After the sleep, no headache remains, nor any suspension of activity. Such things are clear to a wise physician; to a wicked one, obscure."

We are told that the Jews and Chinese gave various anesthetic drugs to criminals to produce such a mental state that they would confess their crimes, or to make less agonizing the terrible tortures inflicted. In view of the fact that "Indian hemp" is indigenous to China, the Chinese were undoubtedly the first to use it as a means of dulling pain. The Egyptians also used this herb under the name of "hashish," making use of its anesthetic properties by inhaling its fumes.

In the Middle Ages the drug most commonly used was mandragora. Shakespeare refers to it frequently, and many of his characters know its wonderful effects. Cleopatra says: "Give me to drink mandragora . . . that I might sleep out this great gap of time my Antony is away." (Antony and Cleopatra, Act I, sc. v.)

And so one could go on, naming hundreds of drugs and methods which man has used throughout the ages to dull pain. Actually fumes and drinks and hypnotism did much to lighten unbearable moments, but still innumerable operations were performed, not with the help of an anesthetic, but under the brutal force of strong man holding the conscious victim on the table while the surgeon was at work. Until the middle of the last century, dentistry likewise was a torture. Artificial teeth were fitted over decaying roots to avoid the pain of extraction.

With such conditions prevailing, operations were performed only if absolutely unavoidable, and then with less consideration of the technique than of the minimum time in which the task could be finished. It was while some of the most gifted scientists of the eighteenth century, such as Faraday and Davy, were spending their lives in study and research to find an agent to lessen human pain effectively and safely, that the anesthetizing properties of ether and nitrous oxide were discovered. But it was only in 1846 that a young dentist of Boston, William T. G. Morton, actually tried out ether. On the 18th of October of that year, Morton performed the first operation under ether in the Massachusetts General Hospital; it proved to be a complete success. The world at once recognized the importance of the discovery and made use of it. Thus the year 1846 marks not only the beginning of the scientific era of anesthesia, but also

the opening of a new period in the history of surgery. The latter could never have developed its marvelous technique without the existence of efficient and safe anesthesia.

Ever since the tremendous discovery of the last century, scientists have worked incessantly to find newer and better anesthetic agents. By 1914, four hundred drugs had been found which possessed anesthetic properties. Today this number can well be doubled. This is a good indication of the fact that we still do not possess an anesthetic which satisfies all our desires and demands.

Ether is still at the head of the list in the world at large except in the United States and some of the European countries, where it has been largely supplanted by newer and better drugs, such as spinal, local, and gas anesthesias. India and the Oriental countries use ether, especially in combination with chloroform. Pure chloroform is practically out of use in every country since it has proven a very dangerous drug through its effect upon the heart, liver, and kidney. Gas anesthesia can be used only in the large cities of the Orient which can afford to procure machines, and have facilities to train the personnel to use them. We can grasp this limitation from the fact that in all India there is but a single gas plant, located in Calcutta. For the time being, simplicity must be the keynote of anesthesia in all but the largest centers of the Orient and Africa, where the most commonly used agent is still a mixture of ether and chloroform.

Hand in hand with the problem of the anesthetic agent comes a second consideration, the anesthetist. Formerly he was concerned only with the abolition of pain during the operation; today he has a much more extensive task. The trained anesthetist knows the physical condition of his patient before the operation is begun; he chooses the type of anesthetic which is best suited for a certain operation and for the type of patient; he keeps a five-minute record of blood pressure, pulse, and respiration.

We have mentioned two factors, the anesthetist and the anesthetic agent, which are of the greatest importance in determining the outcome of an operation. But we must not forget a third element equally important, namely, the patient himself. His physical condition and, to some extent, his mental attitude before the operation, can have a great influence upon the effects and after effects of anesthesia.

The modern science of anesthesia endeavors primarily to prevent all complications and fatalities; and secondly, to make anesthesia as pleasant as possible for the patient. And while for centuries surgery and pain were inseparable companions, today, with Miller, we can rightfully and gratefully say, "God bless the man who first invented sleep!"

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How much faith has he who hugs it to his breast without any thought of sharing it with his neighbor? How much understanding of his Faith has he who believes its substance without passing on to its logical implications? Is it not a mistake to think we can believe the Faith without living it? And can we live it without propagating it? Can we keep the Faith by keeping it to ourselves?

Only a missionary church lives. When it ceases to expand it begins to contract. This is because charity, which is expansive by nature, is growing cool. Let us preserve our life by communicating life, increase our strength by exercising our strength, keep our Faith by giving it away. —THE FIELD AFAR, November '38.

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## *"The least he could do" . . .*

"Don't thank me. It was the least I could do! I saw he wasn't able to help himself . . ."

It is natural to want to help the fellow who cannot "help himself"—the "good Samaritan" is the one who keeps his eyes open to find him. For instance, here is an extract from a letter we received not long ago:

**"I want to tell you I am receiving THE MEDICAL MISSIONARY, and I do enjoy it so much. Some kind angel must have subscribed to it for me."**

That letter was written by a Sister. She could not "help herself" to a subscription to our magazine, but someone with open eyes saw that, and felt it was "the least he could do."

You have friends who are religious, who would enjoy THE MEDICAL MISSIONARY, who *cannot help themselves to it!* Why not subscribe for them? If you know none, we do! Send us your dollar, and let us make them happy with your gift!

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A century and a half ago there were no male bone-setters, it being considered a woman's work and unfit for a man to do.—*Medical Women's Federation Quarterly Review.*

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**"These enemies of God and the Church go to great extremes in keeping their followers well informed of the so-called sacrifices of their agents in spreading their atheistic doctrines. Why not take a page from their book of propaganda by keeping our Catholic people informed of the genuine sacrifices made by Christ's apostles, the missionaries?" — *Archbishop Curley.***

# "Veni, Vidi"—Narrabo!

*By*
SISTER ALMA JULIA, S.C.M.M., Ph.G., M.T.

Rawalpindi is almost at the end of the world—the second last important stop before Afghanistan, the forbidden territory of which Lowell Thomas writes in his book, *Beyond Khyber Pass.* And the train that takes one there is called the "Frontier Mail," a title which fits it in more ways than one!

The train itself was a novelty as far as we were concerned, and although I never could figure out the exact arrangements from the descriptions of the past, I should like to try my hand (and pen) at giving you some idea of its "geography" and routine. Other trains and classes vary somewhat, so I shall speak only of our own.

**"The venders come to the train windows . . ."**

Each coach or compartment is separate, so that you could not walk from one to another but had to leave the compartment and walk along the station platform to enter another. For instance, on this particular train there was a diner for those who wished to use it. But to reach it, you had to wait until the train stopped at a station, get out, walk back to the diner, and sit down—if you were lucky enough to find an empty place! Once seated, however, you were doomed to remain until the next stop, which could be anywhere from fifteen minutes to two hours!

Otherwise the sections were somewhat like the subways in New York City; there was no conductor or porter—just passengers on board. However, the doors did not open or close automatically, as in New York. Instead, you opened or closed them yourselves when you wanted to get on or off. There were compartments for men only, others for women only, and some (third class) for Indians only. The first or second class may be mixed if desired. We traveled intermediate class in compartments for women only.

When we stepped into our coach, I thought, "Ah, room for half-a-dozen people," but a sign on the wall said:

THIS COMPARTMENT
SEATS 17 PERSONS

I counted the space. The sign was right; exactly seventeen persons could be accommodated, leaving the luggage in the aisles or above the seats on racks, which also serve as upper berths for those lucky enough to get them.

There were doors on each side; as with the subways, the station platforms are sometimes on the one side, sometimes on the other. Three benches, each about seven feet long and seating four persons, were lined up in the center. The last bench extended entirely across the back, so that five persons could sit there. Now—count it up: seating capacity, seventeen persons!

Above each bench is a rack or upper berth of the same size. There are no berths nor any conveniences for sleeping; if you have room, you can unroll your bedding and try to sleep; if the coach is too crowded, only those who have—and hold!—an "upper" enjoy sleeping accommodations.

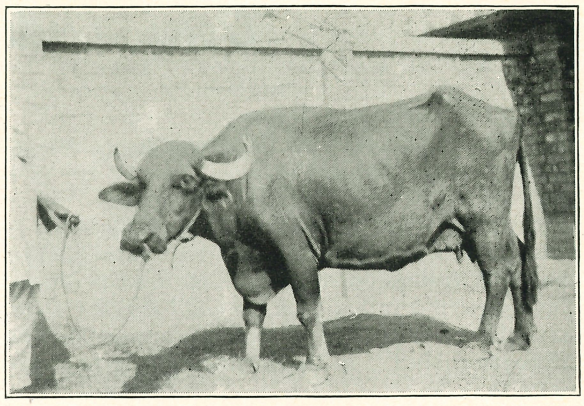
The first night all of us got a place except Sister Ignatius Marie, who sat on suitcases in the aisle between the end of the benches and the side of the car and "kept house." The following night it was my turn to play watch dog. I must say I had a lovely time. The moon was full and seemed bigger than at home. (Is that heresy?) As a final touch, it happened that the new governor of the Punjab had had his special

car and a car of soldiers hooked on at Delhi, and at every station there were officials galore, all dressed up in their shiny best! The stations themselves were lighted up like the Capitol dome, and stretched out on the platforms were gorgeous red carpets sixty feet square! (I didn't really measure them!) The finest time to see India, I decided, was in the full moon, with the governor's train attached to yours and all the dignitaries salaaming at every stopping place!

The "Mail" is a through train—no changes—and we arrived in Pindi forty-two hours after getting on at Bombay. It was not exactly an "endless" trip, but long enough to help us learn many things. For instance, you must bring your own drinking water with you or buy tea at the stations along the way. If you do not go to the diner—and no one in our compartment did—you can buy practically anything in the line of food at almost every station. The venders come to the train windows, carrying on their heads huge trays, piled high with all sorts of things you have never seen before. If you are prudent, you buy apples or oranges or hard-boiled eggs—things you can peel! The Anglo-Indians who shared our coach were wiser than we. Before taking the train in Bombay they bought a basket which seemed to hold dozens of oranges, apples, bananas, and so on. Time proved they were ahead of us not only quantitatively, but qualitatively as well!

In describing Rawalpindi, I am afraid of making the mistake of the blind man who felt the elephant's trunk and said, "The elephant is an animal somewhat like a snake." As it is the home of the northern army during the winter, it is kept cleaner and more orderly than most Indian cities—*they tell me!* I would never think it, but I suppose they must know! It is divided into the Cantonment, which I have seen only at a distance, and the city proper. Here Holy Family Hospital is located on a main street with the picturesque name of "Road to Murree." Murree itself is two hours away and 7,000 feet higher. It is the summer home of the northern army and a vacation place for Europeans, as well as for many Indians from the Punjab and other places.

Looking east from the hospital, one sees first of all a barren space just back of our compound. Sister Bernadette has christened it "Jerusalem," and indeed it does look just like the pictures one sees of the desert places of Palestine. Several large waterholes break the monotony, and buffaloes and cattle wander around or past them, occasionally stopping to drink or bathe in the muddy water. The women also do their laundry there. It is fascinating to watch them pound the clothes on rocks and stretch them on the dusty ground to dry. The mystery is: How do the clothes get so clean and white? My guess is that the mud dries hard as the hot sun bleaches



**"It has been here ever since I came . . ."**

the clothes, and then with some good shakes, it comes off in the form of fine dust!

They say the hospital laundry is done by our dhobi in a place farther over, presumably a better and cleaner waterhole! The laundry comes back beautifully white, but somewhat the worse for wear and smelling of buffalo.

The streets here seem to be of two varieties. In one type, all the houses are tightly packed together and right on the road, with no yard in front—something like the apartments in Baltimore, only there are no sidewalks, either. Pedestrians, animals, and vehicles wander in and out as best they can. In the second variety, there is still no sidewalk, but there is a space of ground in front of the houses. Just where the proprietor's yard ends and the street begins, I do not know. It is in this "yard" that the buffalo, donkey, goats, etc., are kept. But where there is no frontage, such animals are sheltered in the "front room"!

Holy Family Hospital has a yard but no buffalo, and I have not yet discovered who owns the one domiciled at the front gate. It has been there ever since I came, tied to a tree in the space between our front wall and the street, with a feed bag nearby, and it seems quite content. Perhaps we permit some poor man who has neither front yard nor front room to keep it there so that we will not be singular! It is quite conspicuous to have a space of ground in front of your house without some animals feeding there!

The creatures apparently live on wisps of straw doled out like war-time rations. I have watched the cows and buffaloes in the fields behind us "grazing" on what appears to be desert land. No wonder the average cow gives about a pint of milk daily, instead of a gallon or so, as any respectable animal would in the great midwest! I could not help wonder what would happen if the cows on Murree Road were turned out into a pasture, knee-deep with alfalfa or clover. They would probably die of shock, poor things!

# India's Trained Nurses Convene

*By*

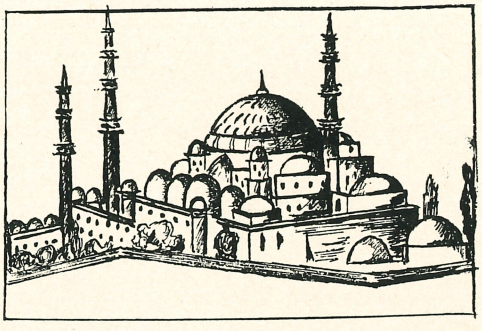
SISTER M. HELEN, S.C.M.M., R.N.

The annual conference of the Trained Nurses' Association of India was held in November at Mysore. It was a long trip from Dacca in Bengal, and rather expensive, too—about 12,000 miles southeast as the bird flies down almost to the tip of India—although we traveled interclass beyond Calcutta. The conference proved well worth the time and expense, however, and we had in addition the pleasure of visiting a native city. On our way to Mysore, we stopped off at both Madras and Bangalore. At the former we visited the Franciscan Sisters and Saint Thomas' Cathedral of Mylapore, which has a crypt containing a relic of Saint Thomas, the Apostle of India. In Bangalore we went to Saint Martha's Hospital, which is conducted by the Sisters of the Good Shepherd. They have a nice hospital of about 120 beds, with a registered training school and a separate block each for sick priests and sisters. In the afternoon the matron took us to see some of the government hospitals in Bangalore. We visited the Lady Curzon, the Victoria, and the Vani Villas. The latter is a new hospital of about 300 beds. It is a magnificent structure with spacious, well-kept grounds. The hospital is equipped with every modern convenience; the cooking is done by electricity, as well as the sterilizing. Much to our surprise, we found that they had electric washing machines, ironers, and dryers in the laundry. Later we learned that the other large hospitals are equipped in the same manner. The Vani Villas Hospital is run entirely by Indians. It is immaculate and seems to be conducted in a very efficient manner.

The Maharaja of Mysore was away during the conference, so his brother, the Yuvaraja, gave the nurses a very warm welcome in his stead. The Yuvaraja has very liberal and modern ideas concerning nursing, and they are put into effect, as one can see when visiting the hospitals. He expressed his opinion on nursing hours and the standard of training, and then said that he was sure all would agree with him that one of the first essentials to the improvement of the status of the profession is the provision of suitably furnished and well-protected quarters with adequate sanitary accommodation and living arrangements, as well as adequate recreational facilities. The Yuvaraja also brought up the matter of provision for the nurses in cases of sickness and old age, and suggested that they make some arrangement for a pension or a special insurance to which the employers and the governments should contribute.

The new Indian Government of Madras has just passed a law by which the nurses' salaries of that province are reduced by 47 per cent. Girls who have only passed class 3 are to be admitted into the government training schools, with preference to be given to Hindu widows, and all males are to be nursed by male nurses. This is evidently a scheme to give employment to widows and jobless men, but think how it will lower the standards of the nursing profession! The province of Madras will lose its reciprocity with Great Britain, and nurses will be lowered to the status of menials. I only hope that Bengal does not follow suit. Let us hope the Madras Presidency Government will soon realize its mistake. Certainly a third-standard girl will not be able to read doctor's orders in English. She will be nothing more than a ward maid. The conference sent a very strong protest to the Madras Government, but as they have ignored the wishes of the Surgeon General and the Nursing Council of their province, possibly they will also ignore a statement coming from the T. N. A. I.

We had the opportunity of visiting two of the Maharaja's palaces. One afternoon all the nurses were invited to tea at the Guest Palace. It has beautiful Italian marble floors and staircases throughout, and numberless suites of rooms all elegantly furnished in European style. We were allowed to see only the part of the palace in which the Maharaja resides, that is, the state or durbar halls, museums, etc. It is just what



**"Mysore City . . . has many beautiful public buildings"**

one would expect an Indian palace to be like. The main durbar hall is a mammoth room with ceilings and pillars of carved granite covered with gold leaf. The side walls are covered with paintings of Hindu gods and goddesses, and the

(*Continued on page* 35)

# High Spots on a Mission Cruise

*By*

ANNA DENGEL, S.C.M.M., M.D.

About midnight on April 4, we bade farewell to the dimly lit capital of China. We had only two traveling companions—a Chinese lady of the well-to-do class and her little son. The former looked really elegant in her straight Chinese frock, and had charming manners. Her little son wore a kind of sailor suit, which looked strange on a Chinese child. He was very well behaved, indeed.

At some distance from the city we crossed the Yangtze-Kiang—not over a million dollar bridge, but by ferry! The train was taken across in sections very dexterously and speedily.

The few hours of the night passed quickly. Looking out into the gray dawn, I noticed a very drab landscape, which, however, became more interesting with the growing day. In some parts there was field after field covered with mounds of earth, some high, some low; they were the graves of the much-revered ancestors. Here and there I observed a woman or a family group, bowing or praying or offering incense. Someone has said that the whole of China is one big graveyard! This is evidently an exaggeration, but to judge from the mounds we saw with our own eyes between Shanghai and Peiping, one cannot help but wonder that a nation of 475 millions of people, visited by so many famines, can spare, century after century, so much land for burial grounds. To me it shows that the Chinese value sentiment more than material welfare!

Occasionally the vast plains were brightened up with peasants at work plowing. It was strange and incongruous to see bulls and donkeys work together. Farmhouses and cattle were sprinkled very sparsely on the way. Now and then we would pass a straggling file of camels, the drivers plodding stolidly along beside the great, shaggy, heavily laden beasts.

**"Now and then we would pass a straggling file of camels. . . ."**

The train stopped at several big stations, all of which were heavily guarded by military; our train also had military protection for every compartment. At Yenchow we had half an hour, and utilized it to walk into the nearby city. We met two rugged missionaries, and hurriedly introduced ourselves to them. Needless to say, they were startled, and as we had not time to explain, our lightning visit must have been a puzzle to them. At Tsinanfu, where our stop was longer, we took a taxi, but unfortunately the roads were so torn up that we could not make good time. Our glimpse of the city was sufficient, however, to show us that a big section of it had fine, western-style buildings.

In the afternoon, as a little diversion, we walked through the whole train. Everything was clean and tidy, even in third class. The people had their bundles, their padded teapots and baskets of food stowed around them in little piles. The roasted chicken and rice in the possession of some seemed most appetizing. There was something fine and noble about these men and women, most of whom bore on their hands and features traces of the wear and tear of life; there is nothing quite so respectable in this world as the evidence of honest toil. I would have liked to sit down awhile in their company, but there was not a single vacant seat.

Several times we tried to take pictures from the train window. Whenever a policeman or a soldier saw us, we were stopped. We discovered that the Chinese do not want any pictures which might show China in an unfavorable light to go to outsiders. At one station we caught sight of a tempting tidbit for the camera enthusiast: the sweetest little girl in Manchu costume—but alas! she, too, was withdrawn from our lenses!

## *Tientsin*

Early on April 6, we arrived in Tientsin, the historic main harbor of North China. We took a taxi to a Catholic Church, attended Mass, and then called on the pastor, who proved to be a French missionary. He not

only gave us the desired information, but engaged two rickshaw coolies, told them where to take us, and, to make sure that we would not be fleeced, paid them himself!

Many pleasant surprises were in store for us. We marveled at the up-to-date girls' school of the Franciscan Missionaries of Mary, and the extensive and fine buildings of the boys' school conducted by the Marist Brothers. We spent considerable time in the hospital of the Sisters of Charity, where we met Dr. Benjamin, the eminent French physician in charge. He told us that he was very successful in treating appendicitis without operation, and also of a treatment of his own for pneumonia.

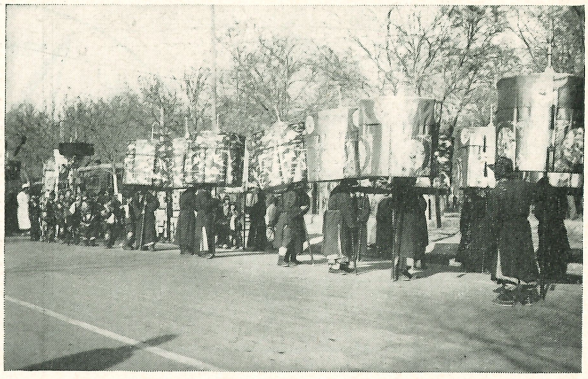
We learned that there were many other Catholic institutions in Tientsin, which did not surprise us when we heard that the city has more than one and a half million inhabitants, and many white residents in the foreign concessions.

My friend and I had made up our minds to make a pilgrimage to a convent in the native city, where several Sisters of Charity were martyred some years ago, and our coolies had received instructions to take us there. As we were twisting in and out the muddy lanes on our way, we suddenly encountered a funeral procession. A real Chinese funeral is something for the twentieth-century Westerner to behold—and only seeing is believing!

First of all, we were struck by the quaint and multicolored costumes, the plumed hats, and the fantastic umbrellas, baldachins, paper decorations, and drums carried by the legion of bearers; then by the ornamented vehicles, laden with dragons and other animals, and queer objects made of paper, of which only the initiated can know the meaning and names. These last are supposed to be hints to the deities of the kind of comforts the dead would like in the next world.

The procession moved very slowly and came to frequent halts. So completely were the lanes taken up by the crowds that there was not even room for the rickshaws to stand, let alone make headway. The coolies were wiser than we—they just disappeared! Abandoned thus without warning, we decided to make the most of the situation. Wriggling through the crowd, we finally had the good fortune to reach the house of mourning, where we could observe everything very leisurely and distinctly. The richly decorated hearse was standing outside. After a while, several (presumably) Buddhist priests, clad in white, emerged from the house, followed by an elderly man, also clad in white. Evidently he had lost his wife. Tears fell in big drops from his eyes. He was supported by a young man.

The coffin was then placed in the hearse, which



**. . . "fantastic umbrellas, baldachins, paper decorations and drums carried by a legion of bearers. . . ."**

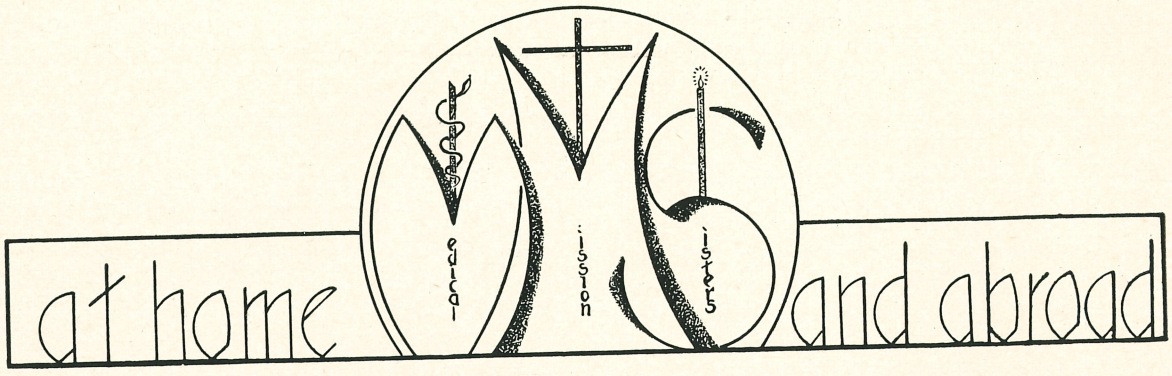
was drawn by mules. Later, several women with covered faces and also dressed in white came out and stepped into covered carriages, which followed the hearse.

It took a long time before the colorful cortege was on its way. The whole was an interesting spectacle. The multitude of hired mourners looked quite happy and contented: they were earning their daily bread! The real mourners performed everything prescribed by ceremony and age-old duty. According to the Chinese dictum: "The most important thing is to be buried well." In contrast, we say: "The most important thing is to die well!"

Although the funeral had delayed us for hours, we were still bent on our pilgrimage to the Sisters of Charity. How to reach them was the question, however. My friend joined her hands in prayer to indicate to passersby where we wanted to go. After a little while a man stopped, and seeming to understand, he beckoned us to follow him. Stepping along energetically, he led the way along more narrow, muddy lanes. All we could see was just walls—the Chinese certainly like to live in secluded homes!

After about 20 minutes' walk, our guide conducted us into a large courtyard, which was literally seething with devotees who were looking at or buying religious objects, the most striking of which were grotesque masks. It was evident that we were at a pagan temple, and that some sort of festival was going on. We entered the temple, which was also full of people. Joss sticks were burning by the hundreds.

The fascination of watching Chinese devotion played havoc with our sense of time. Alas! We never reached the Sisters of Charity! Our fellow passengers who had landed at Tchingwantao in the morning were due by train in the late afternoon. It was with surprise that we noticed the sun slipping towards the horizon, and realized that we must return to the station at once if we were to join them in the two-hour journey that still remained to Peiping.




## Washington

Address: Medical Mission House
Box 4405
Brookland, Washington, D. C.

Only one more month until some of our Washington family will move to the new Motherhouse in Philadelphia! Plans are flying about as thick as mayflies, and everyone is beginning to realize how much work—and help—it takes to open a new foundation. There have been some responses to our A, B, C appeal in the January issue of THE MEDICAL MISSIONARY, but it looks as though "Johnny" is doomed to sit on his stool for a long while yet. When you begin with just empty space, it takes a long time to get *everything*. And so, while thanking those who have already contributed to our needs, we have put them before you once more this month.

### *A Symposium*

On January, 5, 6, and 7, the School of Nursing Education of the Catholic University of America, under the leadership of Sister Olivia, O.S.B., presented a symposium on "philosophy, religion, ethics, history, sociology, psychology, and integration of public health principles in the basic professional curriculum of a school of nursing." This symposium was the first of a series to be presented by the various schools of the University as a part of its Jubilee Year program.

The Medical Missionaries participated in the activities in the person of Sister M. Laetitia, who presided at the Psychology Forum. Although mission work was not taken up specifically, the matters selected for discussion were presented by experts in their respective fields, and proved interesting and valuable from the professional point of view.

### *"I'm slightly hard of hearing—"*

Sisters M. Laetitia and M. Barbara are once more busy in the nearby dioceses, making known the work of the Medical Mission Apostolate. But speaking on medical missions does not require that one spend all her time—and words—on bandages and hospitals! Human nature likes to hear of the wonders and beauties of other lands. Thus it was that Sister Laetitia found herself launched on a description of the Taj Mahal. Her audience at the moment happened to be a rather elderly lady who was absorbed in Sister's graphic description.

"My," she said, "that must have been a lot of work!"

"Indeed," agreed Sister. "And not only work. It is said that the Taj Mahal cost 10,000 lives!"

The lady was duly impressed, as evidenced by a brief silence; then she said hesitantly, "My, my! And Sister, how much is that in our money?"

Sister also paused before she replied very deliberately, "Well, now, I really do not know!"

### *Sing a song in charity . . .*

From St. Joseph's Hospital in Baltimore, where she is serving her year of interneship, Dr. Eleanore Lippits, S.C.M.M., M.D., tells of an interesting incident in the hospital routine:

"One of the women in the ward for colored patients was charted to receive a transfusion. I knew she was very nervous, but there seemed no possibility of making the treatment more endurable. Then I had an idea. Leaning over to the patient in the next bed, I asked, 'Could you sing something?' and when she looked at me inquiringly, I added, with a nod at my patient, 'It would help her to forget how much it hurts.' Without another word, this 'neighbor' began a soft, swinging melody. The others in the ward took it up. They began to harmonize, song followed song—it was one of the most beautiful things I have ever heard or seen. During the whole time of the transfusion, which lasted well over half an hour, they kept it up, and my patient remained quietly relaxed under the spell of their mellow voices."

Who knows? Perhaps in the year 2000, a choir may be part of hospital equipment!

## England

Address: Medical Mission House
98 Thornbury Road
Osterley, Middlesex, England.

From Osterley comes news of the death of one of the oldest and staunchest friends of our English house, Father Aimé Braets, C.M. Sister M. Elizabeth writes:

"Every other month, up to a short time before his death, Father Braets offered daily Mass in our Chapel. From the beginning of our foundation in England, our apostolate received his most enthusiastic support. He never tired of telling others of our work and of trying to enlist their interest. His own missionary experience made him realize keenly the need for medical missions.

"Father Braets spent 26 years in missionary work in China. Eleven years ago he was transferred to the Vincentian House in Islesworth, England. On October 24, 1938, he celebrated the Golden Jubilee of his entrance into the Society. A few months ago his health began to fail, and early in December he was moved to the Motherhouse in Paris, where he died on December 23.

"While we feel we have lost a very dear, devoted friend, we have, we are confident, gained an ardent intercessor. R. I. P."

## Rawalpindi

Address: Holy Family Hospital
Murree Road
Rawalpindi, Punjab, India

### *"Tra la"*

To one sitting in a corner room and watching snowflakes whizz by while "the north wind doth blow," it seems a bit ironic to be reading Sister Ignatius Marie's report on the *status quo* of the weather in Pindi:

"Yesterday we had the first real rain since we landed. It has laid the dust and washed the poinsettias, so that they are a real delight. The flowers that bloom in the spring at home are just beginning to open up here. It makes you a little dizzy, trying to find out which season you are in now!

"Today I accompanied Sister Stephanie on two calls. One place was on a lane that Sister Ann calls 'Fifth Avenue'—but that is just her sense of humor! The house itself was really not so bad—after you got past the buffalo's room! He always has the parlor, you know, but that is not such a stupid arrangement when you consider the architecture in vogue. I have not seen a 'back door' since I have been here. Knowing the circumstances, I am sure you will agree that it is much more sensible to leave the animal in the vestibule than to conduct him through the house!"

**"It makes you a little dizzy . . ."**

### *Questions and Answers!*

Or perhaps, as Sister Ann suggests, there are some questions that simply have no answers. For instance:

"Last week we had to send to British Military Hospital for an intervenous urogram. When we gave instructions to the messenger, he asked dubiously, 'What is an inconvenient uro——?'

"And when Doctor was taking a blood test the other day, the patient wanted to know, 'Why do you take it from one arm only? Is the blood in the other one O. K.?' "

### *Some Problems in Relativity*

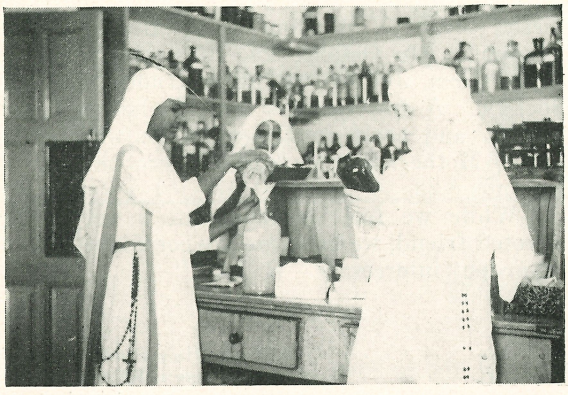
There are other problems to be met, also. Sister M. Pauline writes:

"The other day we went to visit the Municipal Tuberculosis Hospital as we happened to be passing nearby. What interested me the most were the 'family wards.' They are built in a long row, each 'apartment' comprised of a large room with a fireplace, a small courtyard, a small kitchen, and a washroom. The arrangement is provided so that the relatives may stay with the patients!"

Sister Camillus also has her troubles along this line. She is on night duty with Sister M. Jude right now. "Last night about 1 a. m.," she writes, "I found two women on one charpoy. I counted the patients, then the relatives, and sure enough, *two* relatives were staying with one patient! I told them the rules and regulations

in both English and Urdu—and all I got for an answer was, 'Aacha, m'sahib, aacha.' "

We would wager that that is one phase of relativity that might stump even Prof. Einstein!



**Sister M. Magdalene, S.C.M.M., lends a helping hand to student native sisters in the dispensary**

## *The "Wail" Between!*

The Indians also seem to have a way of advertising all their own. "Our hospital gets publicity all right," declares Sister Pauline, "but in something of a unique form. The other morning about 15 women and children sat outside the hospital gate, and about 40 Sikh men sat inside, and all of them together were wailing and crying at the tops of their voices to the accompaniment of much gesticulation and beating of breasts. A Sikh woman had died!

"It took hours for the lorry to come to take her body away, and in the meantime the wailing—and it was *real* wailing—continued without interim. The woman had been laid out on a charpoy in one of the rooms, and 40 garlands of marigolds were put over her as a flower blanket. At long last the lorry arrived and, after much to-do, the procession moved away!

## *Kaleidoscope!*

"Everyone goes roofing here—it is really practical. First of all, you are away from the dust; second, you have more privacy; and last, but not least, is the view—there is so much to be seen in India! Just now a herd of goats is being driven along a bit haphazardly, and behind, marching in majestic single file, is a line of camels, each tied with a rope to the tail of the one preceding. Over on one side three women are washing their clothes in a mudhole, 8 x 15, and stretching them on the ground to dry.

"You can look out over the landscape for miles and see figures moving here and there on the plains. Some of them you can even distinguish for what they are: women in burkas, men with their flying *pugries* (headgear) of bright colors; bullock carts lumbering along; a dhobi's donkey tied to a tree; women and children with great baskets of cow-dung on their heads. All of these are somehow collected into a single unit that makes the atmosphere—and the charm—of the East."

## *"Extract" psychology!*

Sister Vincent has a rather involved story to relate: "The other day an Indian woman came in complaining bitterly of a toothache. In fact, she claimed that the pain was so great that it made her unconscious. Doctor decided that the only remedy for such suffering was extraction, so she gave the patient a whiff of chloroform and took out the source of the trouble—in fact, she pulled two teeth!

"When the patient came round, however, she was positive that Doctor had not helped her at all. Her plaint went something like this: First the toothache made her unconscious; then, when she was conscious, Doctor made her unconscious, and now she was still conscious of the pain and was positive the right tooth was still in her jaw. But a few days later she came back to tell us she had been wrong—I almost expected her to say it was an 'unconscious' mistake! At any rate, we all are conscious of a feeling of relief to have the matter so satisfactorily settled!"

## *Nursery Recruits*

"During the last three weeks," Dr. Lalinsky takes time to tell us, "we have had from fourteen to eighteen babies in the nursery all the time. There were fifty maternity cases in two months—a big increase. One of our babies is a boarder; the others are mostly newborns or 'left-overs.'

**"Women and children with great baskets of cow-dung on their heads . . ."**

"Besides these, we have two older children, one with diphtheria and the other with scarlet fever, so don't think we never see the usual garden variety of diseases out here! Right now typhoid is rampant."

**Sister Margaret Mary, S.C.M.M., with two "leftovers"**

## *Jingle Bells!*

"Sounds are different here, too," writes Sister Alma Julia, "but as with the trains at home, one becomes accustomed to them. At first it seemed very queer to hear horses' hooves clattering by all day and half the night. The tongas are all horse-drawn, and pass by the dozen every hour. They are the most popular form of conveyance. Instead of calling a taxi or taking a bus, you take a tonga. All you have to do is to step outside the hospital gate, look up and down the street, and immediately half-a-dozen tongas rush at you, all looking for a fare. A few annas take you almost anywhere. One fine morning the sound of jingle bells made me think it was Christmas, but no! It was just a tonga with some bells on it to cheer the passenger (or the horse) on the way!

## *"Keeping the Roza"*

"The first few mornings I was awakened about 3 or 4 a. m. by a sort of chanting, similar to the lamentations of Jeremias as sung during our Holy Week services. The sound seemed to travel from house to house, as if one person picked it up from his neighbor. It was explained to me that this was the month of Ramadan, the month of penance, when every good Mohammedan abstains daily from food and drink from sunrise to sunset. The day's meal is eaten before the sun comes up, and not a drop of water or a morsel of food is taken until after it sets again! This is called 'keeping the Roza.' At the end of the month, when the full moon comes again, there will be the 'feast.' Every man, woman, and child will have new clothes and one idea—to celebrate! We probably will have to get our own meals and do our own work that day, as the help, they say, will disappear. In fact, from what I have been able to gather, it will be days before things once more return to normal!"

Looking down from the hospital roof onto the main road, one can see a continual procession of buffaloes, cattle, camel caravans, and people in various and colorful garb. It reminds me of the story I once heard of an English soldier who was billeted here some years ago. He was sitting on Murree Road, watching a procession of camels go by while trying not to be homesick for Piccadilly.

"And to think," he said to himself, "that back in London I paid tuppence to see one of those in the zoo!"

I suppose one gets used to seeing camels walk by, laden with grain, just as one gets used to airplanes flying overhead, but to me it is still something of a novelty.

## INDIA'S NURSES CONVENE

(*Continued from page* 29)

floors are of mosaic. Another state hall has a stained glass roof, and the pillars and walls are of carved rosewood. The doors throughout are of silver, solid ivory, or rosewood, beautifully carved. The chairs for the royalty are of gold and silver. One of the Indian nurses shocked the guide by asking his permission to sit in the Maharaja's chair!

Mysore City itself is very clean and has many beautiful public buildings. While it is not as large as Dacca, it nevertheless boasts of seven welfare centers for mothers and babies. On the last day of the conference we went on a sightseeing tour and visited some places of historical interest, including the palaces of Tippu Sultan, a native prince who was slain by the British in 1799. We passed by the church of the Abbé du Bois and were sorry we could not stop to visit it. In the evening we drove over the huge dam on the Cauvery River. By means of this dam, thousands of acres of arid land are irrigated and made fit for cultivation. Below the dam there is a magnificent park containing a large number of colored fountains and waterfalls. The fountains are of every imaginable color and keep changing from one hue to another. It truly looked like a fairyland at night.

All in all, it was a pleasant trip, worth while from the standpoint of nursing and also from a traveler's point of view.

**Catholic Action is mission action. You are reading Catholic literature, but what about your neighbor? Be an apostle of the Catholic press. Do your bit in Press Month by surprising a friend with a subscription to THE MEDICAL MISSIONARY.**

# Medical Mission Notes

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## *India*

British India has now about 6,200 hospitals and dispensaries, each serving about 37,000 people on the average, according to official figures. Of these, Bengal possesses about 1,450, each rendering medical relief to about 34,600.

The United Provinces have only about 600 dispensaries, each serving about 81,000 people, while Baluchistan, with 41, has one for every 11,300, and the Northwest Frontier Province, with 118, has one for every 21,300.

The 1,154 hospitals and dispensaries in Madras Presidency serve on an average of 41,200 people each, and each of the 430 or so in Bombay serves the need of about 42,000. About 61,300 people in Bihar have a hospital or dispensary to serve them, while each of the 900 or so in the Punjab serves about 26,300 people.

The average number served by the 24 hospitals and dispensaries in the Delhi Province comes to about 26,500. Both the Central Provinces and Assam possess 343, serving 45,200 and 25,130 people, respectively. Each of the 108 in Sind serves about 36,000 people, while 32,360 persons are served by each of the 164 in Orissa.

The per capita expenditure on medical relief in British India comes to about four annas, the lowest being one anna in the United Provinces, while the highest is Rs. 1-2-5 in Delhi. In Baluchistan it is Rs. 0-8-8; in the Punjab, Rs. 0-5-7; Bihar, Rs. 0-1-3; Central Provinces, Rs. 0-1-5; Orissa, Rs. 0-1-6; Assam, Rs. 0-1-3; Bengal, Rs. 0-2-1; Madras, Rs. 0-2-7; Sind, Rs. 0-4-0; and Bombay, Rs. 0-4-9. (*Note:* A rupee is equivalent to about 35 cents in American money; an anna, to 2 cents.)—The Civil and Military Gazette, December 8, 1938.

* * *

At a meeting of the National Health Association of Southern India, Archbishop Mathias of Madras urged that the Provisional Governments and Government of India should introduce a scheme of compulsory insurance against sickness, and particularly tuberculosis. The scheme, according to His Grace, should provide for clinics and sanatoria available for the workman and his family. While patients were obliged to remain in residential institutions, it would be necessary to provide for their dependents out of these funds. This could be achieved if every workman were compulsorily insured. If the 35,000,000 laborers subscribed even 1 anna (a penny) a month, the fund would, in a few years, amount to several scores of rupees. His Grace's suggestion was favorably received by the press.

—The Universe, December 16, 1938.

## *Paris*

The medical faculty of Paris witnessed an unusual scene on December 1, 1938, when a religious, Sister Genevieve de Colonjon (Sister Gilbert in religion), who had received her diploma from the Colonial Institute in Paris, presented her thesis. Dr. Colonjon is a Missionary Sister of the Holy Spirit, and the subject of her thesis was eminently missionary. It was entitled, "The Fight Against Leprosy, and the Effort of the Catholic Missions in the French Colonies."

The author of the report, Paul Legour, advises everyone who is interested in the problem of leprosy to read Dr. Colonjon's highly instructive work, which gives valuable information on the subject.—Les Missions Catholiques, January, 1939.

* * *

## *Ireland*

His Eminence Joseph Cardinal MacRory, Archbishop of Armagh and Primate of All Ireland, has blessed and opened the new novitiate of the Society of the Medical Missionaries of Mary at Collon, founded by a World War Red Cross nurse, Miss Mary Martin of Dublin. The Sisters already have charge of St. Luke's Hospital at Anua, Nigeria.

*Cresat et floreat!*

* * *

## *China*

Thirteen Buddhist nurses, who for many years have directed an orphanage at Tsinanfu, have been baptized in the Franciscan center of Hung Kialow. The orphanage was opened by one of the greatest philanthropists of the Shantung Province, Mr. Chow-Pei-Peng. The nurses lived in community and cared for about a hundred orphans. Besides this orphanage, Mr. Chow has founded many other charitable institutions, including a house for old people and a dispensary where about 200 sick come daily for treatment. The care of these patients was confided to the Catholic Sisters of St. Joseph's Hospital, but Mr. Chow paid for all the necessary medicine.—Les Missions Catholiques, December 16, 1938.

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## *Cochin-China*

In 1928 Father Cassaigne discovered a leper village in distant wild regions of Cochin-China. The inhabitants are the Moys. The settlement has no hospital but the priest opened a dispensary where he treats the sick. Last year three Sisters were sent to this settlement since the number of patients coming for care had increased markedly.—Die Katholischen Missionen.

# In Our Library

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YES, FATHER, *by Richard Graef, C.S.Sp. Translated from the German by Tarcisius Rattler, O.S.A. Frederick Pustet & Co. New York,* 1938. 263 *pp.* $2.50.

"Yes, Father, for so it hath seemed good in Thy sight," is the keynote of this work of Father Graef, which Father Rattler has so admirably translated.

Written in a very simple style, it drives home on every page the lesson of the sanctification of the *present moment* by doing God's will, and accepting it in the spirit of the "Yes, Father" which dominated every moment of the life of Christ.

The unusualness of the book lies in the very simplicity of the lesson it teaches—the consecration of *this* particular moment to God with a humble, "Yes, Father," leaving the next moment and the tomorrows to themselves while we sanctify the moment that is *now ours.*

The volume is interwoven with quotations from the Scriptures—proofs taken from the Holy Ghost Himself that sanctification is to be attained by our living, acting, and praying in such a manner that God's will may be done by us and in us *at this moment.*

*Yes, Father* is simple, yet sublime, and one cannot read it without being drawn closer to God and to His Holy will.

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ST. CATHERINE OF SIENA, *by Johannes Jörgensen. Longmans, Green & Co.,* 1938. 448 *pp.* $3.50.

The author tells us in the preface to this volume that when he began the life of the powerful Saint of Siena, he felt less in sympathy with her than with the gentle Saint of Assisi whose biography he had previously written, and that at times he was almost afraid of her. "But," he is quick to add, "the same thing befell me that befell so many others during her earthly life—I was subjugated by her and had to acknowledge myself beaten." This is the fate, too, that may befall readers of this latest life of the Sienese saint. Other lives of the saint are likely to leave the reader with a strong sense of her power, her domineering and dominating spirit. In *St. Catherine of Siena,* Mr. Jörgensen admirably blends her masterful spirit with her truly deep humility; her contemplative with her exceedingly active life; her spirit of mysticism with her very practical facing of the duty of the moment.

Seeking nothing for herself except to do the will of God and fearless in her battle for the welfare of the Church, the champion of the rights of the Bride of Christ is revealed to us in the pages of the biography as a lovable woman rather than a domineering saint, and the reader will quickly fall beneath the sway of Catherine's personality. The biography was written in Siena itself, and the author has given us in its pages a taste of the very spirit that permeated that city and Italy during the lifetime of the humble daughter of St. Dominic.

One closes the book with a deeper understanding of Catherine Benincasa, and a prayer that she will use her influence in heaven now for a world that, like the world of her own day, seeks to flee from Christ and the things that are Christ's by persecuting His Church anew.

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**"There is no joy like aggressive fighting for the right, said Theodore Roosevelt. That point of view omits the supernatural motive, yet it is naturally good. The joy of true holiness will come if, instead of seeking primarily for our own happiness, we aim to bring happiness and justice to others."—RUSSELL, *Christ, the Leader.***

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A SAINTLY SHEPHERD OF SOULS, *by Albert H. Waible, C.Ss.R. Mission Press. Boston.* 47 *pp. Five cents.*

This little booklet gives us a brief sketch of the life of the Venerable John Neumann, C.Ss.R., fourth Bishop of Philadelphia, whose cause was introduced some years ago. This servant of God outwardly lived a very ordinary life, going about his work first, as a simple priest and missionary, then as superior of his community here in the United States, and finally as the shepherd of souls in the diocese of Philadelphia. But the Bishop knew the secret of doing the ordinary good works and holy deeds with the pure intention of pleasing God, and of practicing the ordinary virtues in an heroic degree.

It is to be hoped that this little work will make American Catholics better acquainted with the Venerable Neumann, to the end that we may soon have a member of the American hierarchy raised to the altars of the Church.

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THE COLORED LANDS, *by G. K. Chesterton. Sheed & Ward. New York,* 1938. 216 *pp.* $3.00.

*The Colored Lands* is a touch of Chesterton in his many various moods. The Chestertonian will delight in every one of its pages, filled as they are with G. K. C.'s humor, his simplicity and his greatness. The illustrations, all by the author himself, are thoroughly amusing, and the incomparable Chesterton lives again in each and every sketch, essay and poem.

# February Mission Intention

*"That Missions in War-Torn China May Flourish Again."*

The mission intention of the Apostolate of Prayer is most opportune and should give encouragement to the heart of every missionary to China, but especially to those who are engaged in the education of the young, for they fully realize that the future of the Church there depends upon the youth.

The Sisters of Notre Dame de Namur have had, in Wuchang, Hupeh, China, for the past nine years, a flourishing Junior and Senior Middle School of 450 girls, fully registered with the Board of Education. Through it the Catholic Church has become better known, a tremendous amount of prejudice has been broken down, some converts made, and the Faith of the Christians has been strengthened. The present war has temporarily interrupted this glorious apostolate, for the Sisters were obliged to leave the city because their convent was situated in the danger zone. They are now in the homeland, eagerly awaiting to be recalled to their loved field of labor.

It was on the morning of July 19, 1938, that the whining of the siren on our school roof warned us of another air raid. Almost before we were aware of it, there was the roaring of the planes directly over our convent, the whiz of descending bombs, the rocking explosions, the crash of bricks and tile and wood and glass, and instinctively we prayed out loud, nor did we cease praying until the release signal told us that the steel fleet had finished its work for this time. We looked at one another: We were all alive! There in the corridor where we had taken refuge, we fell on our knees and thanked God for His miraculous protection. Three bombs had fallen just on the other side of the wall separating us from the adjoining military training school, about 30 feet from where we sat! The Chinese buildings were an utter ruin, the dead lying on the ground, the wounded already rushed to the hospital. And what damage from concussion to our one-year-old convent! All the outside doors were burst open, the locks twisted, the wood splintered, hundreds of panes of glass shattered, iron window-bars bent, locked presses broken open, several ceilings completely down, and loose plaster was lying on the stairs, in the corridors, and in almost every room. In fact, there was debris everywhere except where the eight Sisters were seated!

In January (1938) we had turned over our school building to about 170 poor people—men, women, and children, refugees fleeing the horrors of war—who, during these raids, were terror-stricken, having already gone through harrowing experiences. And then, too, hundreds of people from the neighborhood would pour into our school building and compound when the siren would shriek its terrifying message, for they felt that they would be safe with Americans and under the American flag. On the day of the bombing, there must have been 600 or 700 people on our property, and not a single person received a scratch! Miraculous escape! which we attribute to the power of prayer, for day and night our Sisters and our pupils the wide world over were storming heaven for our safety. Magnificent reward of Faith! Friends of the China Missions, help us to thank the good God!

While on this note of gratitude, let us express our sincere appreciation of the assistance given to our mission by the Catholic Medical Mission Board in the form of medicines, bandages, and medical instruments. These have been a very great help to us, and we wish to thank our kind benefactors, whom we join in making the heartfelt prayer that Missions in War-Torn China May Soon Flourish Again.—Sister Constantine of the Sacred Heart, S.N.D., *Good Counsel Girls' Middle School, Wuchang, Hupeh, China.*

## R. I. P.

*Please pray for the repose of the souls of:*

**Rt. Rev. Msgr. Joseph H. McMahon, New York City.**

**Rev. William M. Carroll, C. Ss. R., New Orleans, La.**

**Rev. Patrick Fox, Hartford, Conn.**

**Rev. Stanislaus Federkiewicz, Thompsonville, Conn.**

**Rev. Martin J. Blake, C.M., Niagara Falls, N. Y.**

**Rev. Aime Braets, C.M., London, England.**

**Rev. Owen J. Morris, Dublin, Ireland.**

**Rev. Thomas J. Dinan, M.S., Rome, Italy.**

**Sister M. Hildegarde, O.F.M., Milwaukee, Wis.**

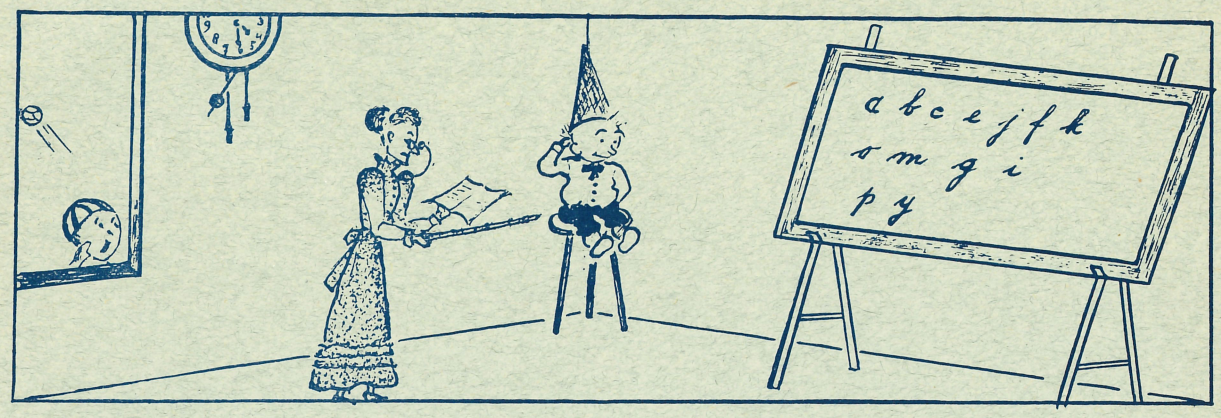
**Dr. Alice V. Johnson, London, England.**

**Miss Frances Forder, R.N., London, England.**

**John F. Conway, Jr., Baltic, Conn.**

***Eternal rest give unto them, O Lord:***
***And let perpetual light shine upon them.***
***May they rest in peace. Amen.***

# *Johnny Can't Move Until He Has Everything From A to Z—*




## —NEITHER CAN WE!

### *Here Are Our Motherhouse Needs:*

Altar, albs, altar linen, an ax—and an Auxiliary as active as our Washington one!

Beds, blankets, bedspreads, bureaus, brooms, benches, books, bookcases, a bell, basins, brushes—nail, floor, carpet and paint, blackboards, a basketball.

Crucifixes, corporals, a cope, cruets, a censer, cinctures, candles, candlesticks, chairs, cabinets, clocks, clotheslines, clothespins, coffeepots, a COW.

Dishes, dish pans, dish towels, doormats, desks, a dictionary, dust pans, dust mops, doilies.

Electric fixtures, sewing machine, irons and bulbs; egg beater.

Frigidaire, furniture, files, floor polish and polisher, frying pans, forks.

Garden tools, garden hose, glassware.

Hens, hall stands, hangers, hinges, hammers.

Incense, ironing boards.

Jars (for canning).

Kettles, knives.

Linoleum, lawn mower, ladders.

Mass Missal, mattresses, mops, a mangle, meat grinder—and of course, MONEY!

Napkins, nails (all sizes).

Office equipment, oil cloth.

Purificators, pots and pans, pillows and pillow cases, pictures and frames, paint, pins, pliers, pyrex plates.

Quilts.

Rakes, rope.

Stations, stoles, surplices, sheets, soap, safe, spoons, spades, scouring powder, sieves, starch, saws, screw-drivers and a spray for fruit trees.

Tabernacle, thurible, tables, tablecloths, TYPEWRITERS, tea pots and tea kettles, trays, tool kit, trowels, thumb tacks, towels—hand and dish.

Umbrellas.

Vestments, vases, vacuum cleaner, varnish.

Washing machine, washtubs, washboards, wringers, wheelbarrow, window shades, waste baskets, washcloths.

Xtra odds and ends!

Yarn, yardstick.

Zeros—to add to the balance of the fund left for the Motherhouse!

Please write to SISTER SUPERIOR

## CATHOLIC MEDICAL MISSION HOUSE

Brookland, Washington, D. C.

and tell us what you would like to give for our new Motherhouse. We will be grateful for anything, and let you know where to send it.

# THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

WASHINGTON, D. C.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and the Novitiate are located in Brookland, Washington, D. C.

At present the Society labors in India where the Sisters conduct hospitals, dispensaries, maternity and child-welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world as soon as its numbers permit.

*For further information apply to*

SISTER SUPERIOR
MEDICAL MISSION HOUSE, BOX 4405, BROOKLAND STATION,
WASHINGTON, D. C.